

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: INSPIRICA, INC. D Employer identification number: 06-1172535 E Telephone number: (203) 388-0119 G Gross receipts \$: 13,008,407. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.INSPIRICA.ORG K Form of organization: L Year of formation: 1986 M State of legal domicile: CT

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer ROSALBA MESSINA, CHIEF EXECUTIVE OFFICER. Date: Preparer's name MELISSA MODELSON, Preparer's signature MELISSA MODELSON, Date 03/20/26, PTIN P01603524. Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC, Firm's EIN 33-1374517, Firm's address 3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905, Phone no. 203-323-2400.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
INSPIRICA IS ONE OF THE LARGEST PROVIDERS OF EMERGENCY HOUSING, PERMANENT SUPPORTIVE HOUSING AND SUPPORT SERVICES IN CONNECTICUT. EACH NIGHT, WE HOUSE OVER 500 PEOPLE INCLUDING CHILDREN. WE OPERATE 12 FACILITIES IN STAMFORD AND PROVIDE AN EXTENSIVE ARRAY OF SUPPORT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,418,203. including grants of \$ 21,481.) (Revenue \$ 2,330,482.)
PERMANENT SUPPORTIVE HOUSING

OUR PERMANENT SUPPORTIVE HOUSING PROGRAM GOES BEYOND PROVIDING A SAFE PLACE TO LIVE. RESIDENTS RECEIVE ON-SITE CASE MANAGEMENT AND ACCESS A COMPREHENSIVE NETWORK OF SUPPORT SERVICES. THIS INCLUDES JOB TRAINING, EDUCATIONAL OPPORTUNITIES, AND ASSISTANCE WITH FINDING AND KEEPING EMPLOYMENT. WE ALSO PARTNER WITH HEALTHCARE PROVIDERS TO ENSURE RESIDENTS CAN ACCESS MEDICAL, DENTAL, MENTAL HEALTH, AND SUBSTANCE DISORDER TREATMENT SERVICES ALL CRUCIAL ELEMENTS FOR BUILDING A STABLE AND FULFILLING LIFE.

4b (Code:) (Expenses \$ 2,378,683. including grants of \$ 69,465.) (Revenue \$ 0.)
RENTS FOR TENANTS ARE AFFORDABLE (30% OF A PERSON'S INCOME, WHATEVER IT

HOMELESS PROGRAMS - EMERGENCY SHELTER/TRANSITIONAL HOUSING AND SUPPORT FOR FAMILIES AND SINGLE WOMEN

OUR FAMILY HOUSING EMERGENCY SHELTER PROVIDES CRITICAL HOUSING TO 45 FAMILIES WITH CHILDREN UP TO 18 YEARS OF AGE FOR UP TO TWO MONTHS. OUR APPROACH TO ADDRESSING THE GROWING HOUSING NEEDS OF UNHOUSED FAMILIES IS NOT JUST TO PROVIDE HOUSING, BUT ALSO THE TOOLS THEY NEED TO BREAK THE CYCLE OF HOMELESSNESS. WE SUPPORT ADULTS THROUGH OUR RESIDENTIAL SERVICES BY PROVIDING A HOME AND WITH OUR SUPPORT SERVICES THAT ADDRESS THE UNDERLYING REASONS THAT MAY HAVE CAUSED THEM TO BECOME UNHOUSED.

PARTICIPANTS LIVE IN A SUITE ENVIRONMENT WITH:

4c (Code:) (Expenses \$ 900,317. including grants of \$ 9,074.) (Revenue \$ 61,261.)

MENTAL ILLNESS PROGRAMS - OUTREACH, JAIL DIVERSION AND TRANSITIONAL HOUSING & SUPPORT SERVICES FOR INDIVIDUALS WITH MENTAL ILLNESS

INSPIRICA SERVED INDIVIDUALS IN OUTREACH, JAIL DIVERSION, AND TRANSITIONAL HOUSING. ALL INDIVIDUALS SUFFERED FROM PERSISTENT, SERIOUS MENTAL ILLNESS. THE OUTREACH PROGRAM PROVIDES RETENTION SUPPORT FOR PEOPLE WHO ARE LIVING IN THEIR OWN COMMUNITY BUT NEED SOME FORM OF SUPPORT SERVICES. THE JAIL DIVERSION PROGRAM PROVIDES AN ALTERNATIVE FOR PEOPLE ALLEGED TO HAVE COMMITTED NON-VIOLENT CRIMES AS THEIR CASES MOVE THROUGH THE LEGAL SYSTEM. THE TRANSITIONAL HOUSING PROGRAM PROVIDES HOUSING AND SUPPORT SERVICES TO PEOPLE WHO HAVE BEEN DISCHARGED FROM MENTAL HEALTH INSTITUTIONS OR GROUP HOMES, BUT ARE NOT

4d Other program services (Describe on Schedule O.)
(Expenses \$ 1,686,623. including grants of \$ 29,448.) (Revenue \$ 12,592.)

4e Total program service expenses 8,383,826.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
RACHEL LIEBERMAN - (203) 388-0119
141 FRANKLIN STREET, STAMFORD, CT 06901

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRET NELSON VICE PRESIDENT OF OPERATIONS	40.00				X		111,804.	0.	66,926.	
(2) DENISE DURHAM WILLIAMS FORMER CEO	40.00					X	160,719.	0.	0.	
(3) LUCY FREEMAN VP OF HOUSING & PROGRAM SERVICES	40.00				X		137,542.	0.	0.	
(4) ROSALBA MESSINA CEO	40.00			X			77,636.	0.	3,819.	
(5) KATIE BRUCE CO-CHAIR	2.00	X		X			0.	0.	0.	
(6) JANE CARLIN CO-CHAIR	2.00	X		X			0.	0.	0.	
(7) WENDY LEWIS VICE CHAIR	2.00	X		X			0.	0.	0.	
(8) JOHN LOUIZOS VICE CHAIR	2.00	X		X			0.	0.	0.	
(9) SUSAN MIRZA SECRETARY	2.00	X		X			0.	0.	0.	
(10) BENJAMIN GEIGER TREASURER	2.00	X		X			0.	0.	0.	
(11) RHONDA BROCKMANN DIRECTOR	2.00	X					0.	0.	0.	
(12) CHRISTINE CHIVILY DIRECTOR	2.00	X					0.	0.	0.	
(13) ROBERT DEVELLIS DIRECTOR	2.00	X					0.	0.	0.	
(14) GEORGE DONALDSON DIRECTOR	2.00	X					0.	0.	0.	
(15) REVEREND SHELLEY DONALDSON DIRECTOR	2.00	X					0.	0.	0.	
(16) RASHAD FORD DIRECTOR	2.00	X					0.	0.	0.	
(17) ERIC GOEBERT DIRECTOR	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARJAE JACKSON DIRECTOR	2.00	X						0.	0.	0.
(19) JOHN MCKEE DIRECTOR	2.00	X						0.	0.	0.
(20) MARCY MINNICK DIRECTOR	2.00	X						0.	0.	0.
(21) GUY MORTON DIRECTOR	2.00	X						0.	0.	0.
(22) VALENTINA POGHOSYAN DIRECTOR	2.00	X						0.	0.	0.
(23) JEFF UM DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								487,701.	0.	70,745.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								487,701.	0.	70,745.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CITRIN COOPERMAN ADVISORS, LLC P.O. BOX 23946, NEW YORK, NY 10087-3946	ACCOUNTING SERVICES	135,855.
MESSINA CONSULTING GROUP, LLC, 360 CENTRAL PARK WEST, SUITE 12J, NEW YORK, NY 10025	INTERIM CEO SERVICES	132,000.
F+F MECHANICAL SERVICE, LLC 2 DWIGHT STREET, NORTH HAVEN, CT 06473	MECHANICAL CONTRACTOR	115,381.
CONNECTICUT STUCCO CONSTRUCTION, LLC 184 CLINTON AVENUE, NEW HAVEN, CT 06513	EXTERIOR INSULATION SERVICE	103,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	21,088.					
	1 b	Membership dues						
	1 c	Fundraising events	423,738.					
	1 d	Related organizations						
	1 e	Government grants (contributions)	3,140,281.					
	1 f	All other contributions, gifts, grants, and similar amounts not included above ...	2,370,326.					
	1 g	Noncash contributions included in lines 1a-1f	\$					
	1 h	Total. Add lines 1a-1f		5,955,433.				
Program Service Revenue	2 a	TENANT INCOME	531110	2,404,335.	2,404,335.			
	2 b							
	2 c							
	2 d							
	2 e							
	2 f	All other program service revenue						
	2 g	Total. Add lines 2a-2f		2,404,335.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		404,635.		404,635.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
			6 b	Less: rental expenses ...				
			6 c	Rental income or (loss)				
	6 d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			7 b	Less: cost or other basis and sales expenses	3,676,032.			
			7 c	Gain or (loss)	122,875.			
	7 d	Net gain or (loss)		122,875.		122,875.		
	8 a	Gross income from fundraising events (not including \$ 423,738. of contributions reported on line 1c). See Part IV, line 18	8 a	26,171.				
			8 b	Less: direct expenses	89,582.			
8 c			Net income or (loss) from fundraising events		-63,411.		-63,411.	
9 a	Gross income from gaming activities. See Part IV, line 19	9 a						
		9 b	Less: direct expenses					
		9 c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	10 a						
		10 b	Less: cost of goods sold					
		10 c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	REIMBURSEMENT	900099	215,137.		215,137.		
	11 b	APPLICATION FEES	900099	84,820.		84,820.		
	11 c	MISCELLANEOUS INCOME	900099	79,314.		79,314.		
	11 d	All other revenue	900099	39,655.		39,655.		
	11 e	Total. Add lines 11a-11d		418,926.				
12	Total revenue. See instructions		9,242,793.	2,404,335.	0.	883,025.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	129,468.	129,468.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	227,937.	36,470.	38,749.	152,718.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	36,000.	5,760.	6,120.	24,120.
7 Other salaries and wages	4,520,445.	3,854,219.	435,622.	230,604.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,099.	4,099.		
9 Other employee benefits	532,873.	485,287.	17,762.	29,824.
10 Payroll taxes	525,224.	440,356.	22,534.	62,334.
11 Fees for services (nonemployees):				
a Management				
b Legal	16,881.	13,960.	1,583.	1,338.
c Accounting	331,970.	254,275.	42,119.	35,576.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	65,530.			65,530.
f Investment management fees	26,617.		26,617.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	481,215.	436,717.	24,122.	20,376.
12 Advertising and promotion	748.	382.	52.	314.
13 Office expenses	253,052.	214,938.	14,235.	23,879.
14 Information technology	216,496.	150,362.	18,406.	47,728.
15 Royalties				
16 Occupancy	803,705.	743,683.	32,539.	27,483.
17 Travel	54,376.	45,790.	4,637.	3,949.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	39,656.	35,943.	2,013.	1,700.
20 Interest	44,845.	44,793.	28.	24.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,024,099.	966,209.	31,382.	26,508.
23 Insurance	123,375.	105,314.	9,791.	8,270.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	276,182.	251,203.	12,592.	12,387.
b PROGRAM SUPPLIES	94,097.	92,956.	77.	1,064.
c OTHER EXPENSES	46,871.	39,306.	3,894.	3,671.
d RECRUITING FEES	21,367.	16,334.	2,177.	2,856.
e All other expenses	19,307.	16,002.		3,305.
25 Total functional expenses. Add lines 1 through 24e	9,916,435.	8,383,826.	747,051.	785,558.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	608,052.	1	324,785.
	2 Savings and temporary cash investments	2,736,444.	2	3,137,414.
	3 Pledges and grants receivable, net	268,325.	3	628,553.
	4 Accounts receivable, net	421,388.	4	259,724.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	115,446.	9	88,817.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,915,387.		
	b Less: accumulated depreciation	10b 13,008,663.	10c	19,906,724.
	11 Investments - publicly traded securities	8,473,484.	11	8,168,352.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	37,948.	14	22,368.
	15 Other assets. See Part IV, line 11	2,625,142.	15	2,741,150.
16 Total assets. Add lines 1 through 15 (must equal line 33)	35,476,792.	16	35,277,887.	
Liabilities	17 Accounts payable and accrued expenses	1,202,474.	17	1,337,092.
	18 Grants payable		18	
	19 Deferred revenue	712.	19	7,524.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	131,677.	21	130,961.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,285,775.	23	6,322,963.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	7,620,638.	26	7,798,540.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	19,954,625.	27	19,359,774.
	28 Net assets with donor restrictions	7,901,529.	28	8,119,573.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	27,856,154.	32	27,479,347.
	33 Total liabilities and net assets/fund balances	35,476,792.	33	35,277,887.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,242,793.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,916,435.
3	Revenue less expenses. Subtract line 2 from line 1	3	-673,642.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,856,154.
5	Net unrealized gains (losses) on investments	5	505,618.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-208,783.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	27,479,347.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization INSPIRICA, INC.	Employer identification number 06-1172535
--	---

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5270823.	6087734.	5575345.	5002137.	5955433.	27891472.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5270823.	6087734.	5575345.	5002137.	5955433.	27891472.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						515,777.
6 Public support. Subtract line 5 from line 4.						27375695.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	5270823.	6087734.	5575345.	5002137.	5955433.	27891472.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	298,318.	207,429.	335,384.	432,815.	404,635.	1678581.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		8,703.	11,008.			19,711.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	223,891.	316,914.	272,151.	389,487.	418,926.	1621369.
11 Total support. Add lines 7 through 10						31211133.
12 Gross receipts from related activities, etc. (see instructions)					12	10,734,169.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	87.71	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	90.47	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**REIMBURSEMENT**

2020 AMOUNT: \$ 146,020.
 2021 AMOUNT: \$ 165,064.
 2022 AMOUNT: \$ 173,170.
 2023 AMOUNT: \$ 188,735.
 2024 AMOUNT: \$ 215,137.

APPLICATION FEES

2020 AMOUNT: \$ 21,687.
 2021 AMOUNT: \$ 7,443.
 2022 AMOUNT: \$ 11.
 2024 AMOUNT: \$ 84,820.

MISCELLANEOUS INCOME

2020 AMOUNT: \$ 5,158.
 2021 AMOUNT: \$ 2,704.
 2022 AMOUNT: \$ 33,105.
 2023 AMOUNT: \$ 6,093.
 2024 AMOUNT: \$ 79,314.

LAUNDRY INCOME

2020 AMOUNT: \$ 22,879.
 2021 AMOUNT: \$ 31,591.
 2022 AMOUNT: \$ 34,335.
 2023 AMOUNT: \$ 33,319.
 2024 AMOUNT: \$ 31,425.

VENDING MACHINE INCOME

2020 AMOUNT: \$ 3,308.
 2021 AMOUNT: \$ 5,810.
 2022 AMOUNT: \$ 5,683.
 2023 AMOUNT: \$ 6,091.
 2024 AMOUNT: \$ 4,596.

INSURANCE SETTLEMENT

2020 AMOUNT: \$ 18,480.
 2021 AMOUNT: \$ 1,932.
 2022 AMOUNT: \$ 596.
 2023 AMOUNT: \$ 3,259.
 2024 AMOUNT: \$ 3,507.

CREDIT CARD REWARDS

2020 AMOUNT: \$ 6,359.
 2021 AMOUNT: \$ 3,597.
 2022 AMOUNT: \$ 3,662.
 2023 AMOUNT: \$ 3,730.
 2024 AMOUNT: \$ 127.

FORGIVENESS OF DEBT

2021 AMOUNT: \$ 80,000.

COLD WEATHER PROTOCOL

2021 AMOUNT: \$ 18,773.

SCHEDULE D
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **INSPIRICA, INC.** Employer identification number **06-1172535**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) (Rev. 12-2024)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,776,310.	5,418,773.	5,279,610.	6,237,828.	5,100,261.
b Contributions	1,000,000.				
c Net investment earnings, gains, and losses	551,362.	653,413.	472,222.	-600,913.	1,137,567.
d Grants or scholarships					
e Other expenditures for facilities and programs	317,928.	295,876.	333,059.	357,305.	
f Administrative expenses					
g End of year balance	7,009,744.	5,776,310.	5,418,773.	5,279,610.	6,237,828.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 0.0000 %
- b** Permanent endowment 55.1725 %
- c** Term endowment 44.8275 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|-------------------------------------|
| (i) Unrelated organizations? | | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,781,622.		4,781,622.
b Buildings		24,381,294.	9,799,897.	14,581,397.
c Leasehold improvements		1,952,949.	1,832,038.	120,911.
d Equipment		1,548,915.	1,191,220.	357,695.
e Other		250,607.	185,508.	65,099.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				19,906,724.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RESTRICTED DEPOSITS AND FUNDED RESERVES	2,741,150.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,741,150.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	9,510,206.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	505,618.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	505,618.	
3	Subtract line 2e from line 1		3	9,004,588.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,617.	
	b Other (Describe in Part XIII.)	4b	211,588.	
	c Add lines 4a and 4b	4c	238,205.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	9,242,793.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	9,887,013.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1		3	9,887,013.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,617.	
	b Other (Describe in Part XIII.)	4b	2,805.	
	c Add lines 4a and 4b	4c	29,422.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,916,435.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

INSPIRICA COLLECTS AND MAINTAINS TENANT SECURITY DEPOSITS IN ALIGNMENT WITH THE FOLLOWING PROCEDURE: RESIDENTS PROVIDE THE BUILDING MANAGER WITH A SECURITY DEPOSIT UPON MOVING INTO THE HOUSING UNIT. FOR FIVE OF OUR PROPERTIES, THESE FUNDS ARE DEPOSITED INTO OUR GENERAL OPERATING ACCOUNT. FOR THE OTHER TWO PROPERTIES, THESE FUNDS ARE DEPOSITED INTO A SEPARATE ACCOUNT AND HELD BY THE ORGANIZATION TO ADDRESS FUTURE EXPENSES THAT MAY BE INCURRED FOR REPAIRS AND/OR DAMAGES TO THE HOUSING UNITS AFTER THE TENANT VACATES THE PREMISES. THE REMAINING SECURITY DEPOSIT FUNDS ARE DISBURSED BACK TO THE TENANT BY THE ORGANIZATION WHEN ALL NECESSARY REPAIRS HAVE BEEN COMPLETED TO PREPARE THE UNIT FOR AN INCOMING TENANT.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF MULTIPLE DONOR RESTRICTED FUNDS ESTABLISHED TO PROVIDE LONG-TERM SUPPORT FOR THE ORGANIZATION'S PROGRAMS. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2:

MANAGEMENT RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		SEEDS OF HOPE GALA (event type)	HARVEST FOR HOPE (event type)	1 (total number)		
Revenue	1	Gross receipts	376,102.	46,274.	27,533.	449,909.
	2	Less: Contributions	349,931.	46,274.	27,533.	423,738.
	3	Gross income (line 1 minus line 2)	26,171.			26,171.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	36,615.	430.		37,045.
	7	Food and beverages		28,091.		28,091.
	8	Entertainment	2,925.			2,925.
	9	Other direct expenses	11,977.	3,178.	6,366.	21,521.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				89,582.
11	Net income summary. Subtract line 10 from line 3, column (d)				-63,411.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ASA CONSULTING

(I) ADDRESS OF FUNDRAISER: 770 BROADWAY 2ND FLOOR, NEW YORK, NY 10003

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **INSPIRICA, INC.** Employer identification number **06-1172535**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 3** Enter total number of other organizations listed in the line 1 table _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRANSITIONAL AND AFFORDABLE HOUSING	509	129,468.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

WE MONITOR GRANTS THROUGH A MULTI-STEP PROCESS TO ENSURE COMPLIANCE WITH DONOR RESTRICTIONS AND ALIGNMENT WITH OUR MISSION OF PROVIDING HOUSING AND WRAPAROUND SERVICES TO INDIVIDUALS EXPERIENCING HOMELESSNESS AND HOUSING INSECURITY. OUR MONITORING INCLUDES:

1. GRANT AGREEMENTS: WE FOLLOW FORMAL AGREEMENTS OUTLINING THE TERMS, RESTRICTIONS, AND REPORTING REQUIREMENTS FOR EACH GRANT.
2. REGULAR REPORTING: GRANTEEES OR PROGRAM LEADS SUBMIT PERIODIC REPORTS DETAILING HOW FUNDS ARE UTILIZED AND THEIR IMPACT.
3. FINANCIAL OVERSIGHT: OUR FINANCE TEAM REVIEWS EXPENDITURES FOR COMPLIANCE WITH GRANT REQUIREMENTS, ENSURING FUNDS ARE USED APPROPRIATELY AND TRACKED ACCURATELY.
4. PROGRAM MONITORING: STAFF CONDUCTS SITE VISITS AND REGULAR EVALUATIONS OF GRANT-FUNDED PROGRAMS TO VERIFY ALIGNMENT WITH OBJECTIVES, PERFORMANCE METRICS, AND COMMUNITY IMPACT GOALS.
5. FINAL EVALUATION: AT THE CONCLUSION OF THE GRANT PERIOD, WE CONDUCT A COMPREHENSIVE REVIEW TO ASSESS PROGRAM PERFORMANCE..

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

INSPIRICA, INC.

Employer identification number

06-1172535

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRET NELSON VICE PRESIDENT OF OPERATIONS	(i)	111,664.	0.	140.	0.	66,926.	178,730.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DENISE DURHAM WILLIAMS FORMER CEO	(i)	0.	0.	160,719.	0.	0.	160,719.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

DENISE DURHAM WILLIAMS, FORMER CEO, RECIEVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$159,731.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

INSPIRICA, INC.

Employer identification number

06-1172535

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FAMILIES ACHIEVE INDEPENDENCE THROUGH SUPPORT SERVICES AND AFFORDABLE
HOUSING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SERVICES, INCLUDING CASE MANAGEMENT; HOUSING PLACEMENT; EMPLOYMENT,
EDUCATION, AND FINANCIAL EMPOWERMENT PROGRAMMING; VOCATIONAL TRAINING;
JOB PLACEMENT; CHILDREN'S SERVICE; EARLY CHILDHOOD AND PARENTING
PROGRAMMING; AND SENIOR SERVICES. THROUGH A NETWORK OF COMMUNITY
PARTNERSHIPS, WE ALSO ENSURE ACCESS TO MEDICAL CARE, MENTAL HEALTH
SERVICES, DENTAL CARE, SUBSTANCE ABUSE TREATMENT, AND OTHER ESSENTIAL
RESOURCES TO ASSIST THOSE IN NEED OF CARE.

WE ARE UNIQUE FOR SEVERAL REASONS:

THE FIRST IS THE BREADTH OF HOUSING WE PROVIDE. BY PROVIDING TEMPORARY
HOUSING (FAMILY AND WOMEN'S SHELTERS), TRANSITIONAL HOUSING, PERMANENT
HOUSING, DEEPLY AFFORDABLE HOUSING, AND RAPID REHOUSING, WE OFFER SAFE
AND AFFORDABLE HOUSING TO THOSE IN NEED IN FAIRFIELD COUNTY.

THE SECOND IS THE SCOPE OF PEOPLE WE SERVE. BY SERVING SINGLE WOMEN,
FAMILIES, PEOPLE WITH MENTAL ILLNESS, AND PERSONS LIVING WITH HIV/AIDS,
WE ARE ABLE SUPPORT THOSE IN MOST NEED WITHIN STAMFORD AND THROUGHOUT
FAIRFIELD COUNTY.

THE THIRD IS OUR COMPREHENSIVE APPROACH TO HELPING THE UNDER SERVED. WE
ADDRESS NOT JUST THE PHYSICAL PART OF HOMELESSNESS, BUT ALL OF THE
UNDERLYING REASONS A PERSON BECOMES HOMELESS. OUR ABILITY TO INTEGRATE
SERVICES IS A KEY ELEMENT OF OUR SUCCESS AND SETS US APART FROM MANY
OTHER ORGANIZATIONS.

INSPIRICA IS ALSO UNIQUE FOR A FOURTH REASON - OUR INTENSE FOCUS ON
RESULTS. WE MEASURE SUCCESS NOT BY HOW MANY PEOPLE WE SERVE, BUT THE
ULTIMATE GOAL: HOW MANY OF THEM ACHIEVE AND MAINTAIN PERMANENT HOUSING
AND STABILITY.

COMMUNITY NEEDS:

OUR AREA HAS BEEN PARTICULARLY HARD HIT DUE TO THE HIGH COST OF LIVING.
THIS HAS RESULTED IN A DIFFERENT KIND OF HOMELESSNESS: ECONOMIC
HOMELESSNESS. WHILE MENTAL ILLNESS AND SUBSTANCE ABUSE STILL PLAY AN
OUTSIZED ROLE, THE RISING COST OF LIVING COUPLED WITH WAGE STAGNATION
IS NOW LEADING TO SOARING HOMELESSNESS AND A RECORD DEMAND FOR OUR
SERVICES. INSPIRICA CONTINUES TO ADDRESS THE RISING AND CHANGING FACE
OF HOMELESSNESS THROUGH SEVERAL MEANS, INCLUDING: EXPANDING OUR STOCK
OF DEEPLY AFFORDABLE HOUSING; LAUNCHING A WAGE GROWTH INITIATIVE;
EXPANDING RAPID REHOUSING; AND FORGING MULTIPLE COLLABORATIONS ON A
LOCAL AND REGIONAL LEVEL.

THE POPULATION WE SERVE:

INSPIRICA SERVES INDIVIDUALS AND FAMILIES THAT LIVE IN POVERTY OR NEAR
POVERTY AND ALL ARE HOMELESS OR AT RISK OF BECOMING HOMELESS. THE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization INSPIRICA, INC.	Employer identification number 06-1172535
---	--

MAJORITY HAVE LITTLE OR LIMITED JOB EXPERIENCE AND EDUCATIONAL BACKGROUNDS. MANY SUFFER FROM SUBSTANCE ABUSE, MENTAL ILLNESS, AND/OR HIV/AIDS. WE SERVE SINGLE WOMEN, FAMILIES, INDIVIDUALS WITH COGNITIVE IMPAIRMENTS AS WELL AS SOME WITH A HISTORY OF INCARCERATION. WITHOUT INSPIRICA, THEY ARE UNLIKELY TO SECURE EMPLOYMENT AND EARN THE INCOME THEY NEED TO BE ABLE TO MOVE INTO THE COMMUNITY AND BECOME PRODUCTIVE MEMBERS OF SOCIETY. OUR CLIENTS' DEMOGRAPHICS INCLUDE 47% INDIVIDUALS WHO IDENTIFY AS BLACK OR AFRICAN AMERICAN, 38% IDENTIFY AS HISPANIC OR LATINO OF ANY RACE, 12% WHO IDENTIFY AS WHITE (NON-HISPANIC), AND 3% CATEGORIZED AS OTHER.

PROGRAMS:

INSPIRICA IS UNIQUE IN ITS ABILITY TO ADDRESS THE NEEDS OF OUR CLIENTS HOLISTICALLY AND COMPREHENSIVELY THROUGH AN END-TO-END PLATFORM OF INTEGRATED SERVICES, ALL OF WHICH LEVERAGE EACH OTHER. WE ARE ONE OF ONLY A FEW ORGANIZATIONS NATIONALLY THAT HAS COMBINED RESIDENTIAL AND SUPPORT SERVICES UNDER ONE ROOF IN A ONE-STOP-SHOP SETTING. OUR ABILITY TO ADDRESS BOTH THE PHYSICAL ASPECT OF HOMELESSNESS AND ITS UNDERLYING ROOT CAUSES INCREASES OUR SUCCESS RATE.

RESIDENTIAL PROGRAMS:

FAMILY SHELTER: OUR FAMILY HOUSING PROGRAM HAS TWO DISTINCT COMPONENTS: AN EMERGENCY SHELTER THAT PROVIDES HOUSING AND SUPPORT SERVICES FOR UP TO 67 INDIVIDUALS, AND A TRIAGE CENTER THAT SERVES AS A DROP-IN SHELTER FOR UP TO 25 UNHOUSED INDIVIDUALS; AND, A TRANSITIONAL HOUSING FACILITY THAT PROVIDES HOUSING AND SUPPORT SERVICES TO APPROXIMATELY 17 FAMILIES (36 INDIVIDUALS) FOR UP TO 24 MONTHS.

WOMEN'S SHELTER: OUR WOMEN'S HOUSING PROGRAM PROVIDES EMERGENCY SHELTER AND SUPPORT SERVICES FOR UP TO 35 WOMEN.

GILEAD HOUSE: OUR GILEAD PROGRAM PROVIDES TRANSITIONAL HOUSING FOR 16 SINGLE MEN AND WOMEN LIVING WITH PERSISTENT MENTAL ILLNESS, INCLUDING 3 BEDS IN A JAIL DIVERSION PROGRAM.

MCKINNEY RESIDENCE: PROVIDES TRANSITIONAL HOUSING FOR 15 SINGLE MEN AND WOMEN LIVING WITH HIV/AIDS ILLNESS.

PERMANENT SUPPORTIVE HOUSING: OUR PERMANENT SUPPORTIVE HOUSING PROGRAM CONSISTS OF FOUR RESIDENCES (COLONY APARTMENTS, ATLANTIC PARK APARTMENTS, METCALF HOUSE, AND ROSE PARK) THAT TOGETHER PROVIDE UP TO 78 PEOPLE WITH PERMANENT SUPPORTIVE HOUSING. TENANTS IN THIS PROGRAM HOLD THEIR OWN LEASES AND PAY 30% OF THEIR INCOME IN RENT.

DEEPLY AFFORDABLE HOUSING: OUR DEEPLY AFFORDABLE HOUSING PROGRAM CONSISTS OF TWO RESIDENCES (24 WOODLAND PLACE AND 26 WOODLAND PLACE) THAT PROVIDE DEEPLY AFFORDABLE HOUSING FOR 9 FAMILIES (UP TO 36 INDIVIDUALS).

RAPID RE-HOUSING: INSPIRICA IS THE CONTRACTOR OR SUBCONTRACTOR FOR THREE DISTINCT RAPID REHOUSING PROGRAMS, THROUGH WHICH WE PROVIDE HOUSING TO APPROXIMATELY 25-30 FAMILIES IN THE COMMUNITY.

IN ADDITION TO THE ABOVE, INSPIRICA IS CO-OWNER OF A 48-UNIT BUILDING FOR SENIORS AND A 53-UNIT BUILDING TO PROVIDE AFFORDABLE HOUSING TO THE WORKING CLASS IN STAMFORD.

Name of the organization INSPIRICA, INC.	Employer identification number 06-1172535
---	--

NON-RESIDENTIAL/SUPPORT PROGRAMS:

ALL OF OUR RESIDENTIAL PROGRAMS ARE ENHANCED WITH SUBSTANTIAL SUPPORT SERVICES THAT ARE ESSENTIAL TO ADDRESSING THE UNDERLYING CAUSES OF HOMELESSNESS, ALLOWING PEOPLE TO BREAK THE CYCLE OF HOMELESSNESS AND RETURN TO HEALTHY, STABLE LIVES IN THE COMMUNITY.

CHILDREN'S SERVICES:

OUR CHILDREN'S SERVICES PROGRAM PROVIDES CRITICAL FOUNDATIONAL, EDUCATIONAL, PSYCHOLOGICAL, DEVELOPMENTAL, AND AFTER-SCHOOL SUPPORT TO THE CHILDREN IN OUR CARE, ALLOWING THEM TO MAINTAIN STABILITY, GAIN SELF-ESTEEM, EXCEL IN SCHOOL, AND DEVELOP IN LINE WITH OR AHEAD OF THEIR PEERS WHO ARE NOT HOMELESS. ADDITIONALLY, WE HAVE AN EARLY CHILDHOOD AND PARENTING PROGRAM THAT PROVIDES PRE-LITERACY AND DEVELOPMENTAL PROGRAMMING TO CHILDREN FROM BIRTH TO AGE 5, WITH CONCURRENT TRAINING FOR THEIR PARENTS.

OUR EMPLOYMENT, EDUCATION, FINANCIAL EMPOWERMENT DEPARTMENT (E.E.F.E.) PROVIDES PARTICIPANTS WITH THE CORE SKILLS THEY NEED TO PREPARE FOR, FIND, MAINTAIN AND ADVANCE IN EMPLOYMENT, FINANCIAL, AND EDUCATIONAL SKILLS. THE PROGRAM CONSISTS OF JOB SEARCH ASSISTANCE AND COUNSELING AS WELL AS OUR L.I.F.E. PROGRAM, A 3-WEEK TRAINING COURSE WITH A CURRICULUM THAT INCLUDES A VARIETY OF TOPICS, FROM FINANCIAL BUDGETING AND JOB SEARCHING TO UNDERSTANDING GOVERNMENT PROGRAMS AND THE BENEFIT OF LIFELONG LEARNING.

ADDITIONAL SUPPORT SERVICES: IN ADDITION TO THE ABOVE, WE PROVIDE AN EXTENSIVE ARRAY OF SUPPORT SERVICES, INCLUDING OUR RAPID REHOUSING PROGRAM, WHICH PROVIDES MEDIUM-TERM RENTAL SUPPORT AND CASE MANAGEMENT, AS WELL AS COUNSELING AND CASE MANAGEMENT WITHIN OUR RESIDENTIAL PROGRAMS. WE FURTHER PROVIDE CLIENTS WITH DIRECT ACCESS TO MEDICAL AND DENTAL CARE, IN-PATIENT SUBSTANCE ABUSE TREATMENT, PSYCHIATRIC CARE AND MORE THROUGH A NETWORK OF FORMAL STRATEGIC PARTNERSHIPS.

OUTCOMES & RESULTS:

INSPIRICA HOLDS ITSELF TO A HIGH STANDARD. WE MEASURE SUCCESS NOT BY HOW MANY PEOPLE WE SERVE, BUT BY HOW MANY OF THEM ATTAIN JOBS AND MOVE INTO PERMANENT HOUSING. OUR RIGOROUS APPROACH TO METRICS AND ABILITY TO EVALUATE OUR PROGRAMS HAVE PROVEN EXTREMELY SUCCESSFUL. IN FY25 OUR RESULTS INCLUDED THE FOLLOWING:

JOB PLACEMENTS:

135 JOB PLACEMENTS MADE
90 INDIVIDUALS MOVED INTO PERMANENT HOUSING
341 SERVED IN EMERGENCY AND TRANSITIONAL HOUSING
365 SERVED IN DEEPLY AFFORDABLE AND PERMANENT HOUSING
212 CHILDREN SERVED ACROSS ALL PROGRAMS

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: MAY BE), AND SUPPORT SERVICES ARE PROVIDED ON-SITE OR ON OUR FRANKLIN COMMON MAIN CAMPUS. FOR PEOPLE WITH SIGNIFICANT BARRIERS, PERMANENT SUPPORTIVE HOUSING IS THE ONLY OPTION FOR EXITING HOMELESSNESS.

WE OPERATE NINE PERMANENT SUPPORTIVE HOUSING FACILITIES AND PROGRAMS IN CT:

Name of the organization INSPIRICA, INC.	Employer identification number 06-1172535
---	--

- ATLANTIC PARK APARTMENTS: 27 STUDIO APARTMENTS
- COLONY APARTMENTS: 29 STUDIO APARTMENTS
- MCKINNEY RESIDENCE: 15 BEDS IN 2 SUITES
- METCALF HOUSE: 10 SINGLE RESIDENCY APARTMENTS
- ROSE PARK APARTMENTS: 3 TWO-BEDROOM APARTMENTS (12 BEDS)
- SUMMER PLACE: 48 STUDIOS AND ONE-BEDROOM APARTMENTS (64 BEDS)
- GILEAD HOUSE: 13-BED RESIDENTIAL PROGRAM AND 3-BED JAIL DIVERSION

TRANSITIONAL HOUSING

- INSPIRE HOUSE: 13-BEDROOM COMMUNAL LIVING HOUSING
- COMMUNITY SUPPORT PROGRAM (CSP): CASE MANAGEMENT SERVICES PROVIDED TO INDIVIDUALS LIVING INDEPENDENTLY THROUGHOUT STAMFORD AND NORWALK.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

- PRIVATE FAMILY BEDROOMS
- SHARED BATHROOMS
- SHARED KITCHENS
- COMMON TV/DINING ROOM

OUR COMPREHENSIVE SUPPORT SERVICES INCLUDE

- CASE MANAGEMENT
- EDUCATION, EMPLOYMENT & FINANCIAL EMPOWERMENT
- VOCATIONAL TRAINING
- JOB PLACEMENT
- HOUSING PLACEMENT
- JOB & HOUSING RETENTION SUPPORT
- CHILDREN'S SERVICES
- EARLY CHILDHOOD & PARENTING PROGRAM

EMERGENCY SHELTER FOR WOMEN:

THE HOME OF INSPIRICA'S EMERGENCY SHELTER FOR WOMEN IS THE ONLY ONE OF ITS KIND IN THE AREA. THE SHELTER HOUSES UP TO 35 SINGLE WOMEN AND PROVIDES THEM WITH EMERGENCY HOUSING AND SUPPORT SERVICES, SUCH AS:

- VOCATIONAL TRAINING
- JOB PLACEMENT
- CASE MANAGEMENT
- PARTICIPANTS LIVE IN A BOARDING HOUSE STRUCTURE WITH:
- SHARED BEDROOMS
- SHARED BATHROOMS
- COMMON TV/COMPUTER ROOM
- RESIDENTS RECEIVE BREAKFAST AND DINNER THROUGH OUR MEAL PROGRAM, OFTEN COURTESY OF OUR VOLUNTEERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

YET ABLE TO LIVE INDEPENDENTLY. IN ADDITION TO RECEIVING HOUSING, ALL PARTICIPANTS IN THE ABOVE PROGRAMS RECEIVED THE SAME COMPREHENSIVE, INTEGRATED SERVICES LISTED ABOVE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATION, EMPLOYMENT, AND FINANCIAL EMPOWERMENT PROGRAM (EEFE): AT INSPIRICA, WE EMPOWER PEOPLE BY EQUIPPING THEM WITH THE SKILLS, RESOURCES, AND SUPPORT NEEDED TO THRIVE IN THEIR CAREERS, EDUCATION, AND FINANCIAL LIVES. INSPIRICA PROVIDES HOLISTIC SUPPORT TO GUIDE PEOPLE TOWARDS PERSONAL GROWTH AND LONG-TERM SUCCESS.

EDUCATIONAL OPPORTUNITIES:

Name of the organization INSPIRICA, INC.	Employer identification number 06-1172535
---	--

OUR L.I.F.E PROJECT IS A COMPREHENSIVE THREE-WEEK PROGRAM DESIGNED TO EQUIP INDIVIDUALS WITH ESSENTIAL LIFE SKILLS, FINANCIAL LITERACY, AND EDUCATIONAL KNOWLEDGE. IT EMPOWERS PARTICIPANTS TO ENHANCE PERSONAL GROWTH, IMPROVE JOB READINESS, AND LEARN ABOUT HOUSING AND GOVERNMENT PROGRAMS.

EMPLOYMENT SERVICES:

WE OFFER PERSONALIZED GUIDANCE IN CRAFTING EFFECTIVE RESUMES AND EXCELLING IN INTERVIEWS, ALONG WITH LOGISTICAL PLANNING TO ASSIST WITH INTERVIEW ATTIRE AND TRANSPORTATION. WE ALSO PROVIDE STRATEGIES AND RESOURCES TO HELP CLIENTS ADVANCE THEIR EARNING POTENTIAL, ENSURING THEY ARE WELL-EQUIPPED TO ACHIEVE CAREER GROWTH AND SUCCESS.

GOVERNMENT BENEFITS ASSISTANCE (CONNECTICUT GOVERNMENT PROGRAMS):

WE FACILITATE OUR CLIENTS' APPLICATIONS FOR VITAL PROGRAMS SUCH AS FOOD STAMPS, CASH ASSISTANCE, MEDICAID, UNEMPLOYMENT, SSI, AND SSDI.

FINANCIAL MANAGEMENT TRAINING:

INSPIRICA HELPS CLIENTS MANAGE THEIR FINANCES EFFECTIVELY BY CREATING TAILORED EXPENSE SHEETS AND BUDGETS. WE ALSO PROVIDE STRATEGIES FOR REBUILDING CREDIT HEALTH AND EMPOWER CLIENTS TO MAKE INFORMED AND BENEFICIAL FINANCIAL DECISIONS, LAYING THE GROUNDWORK FOR LONG-TERM FINANCIAL STABILITY.

VOCATIONAL TRAINING:

WE ALSO OFFER VOCATIONAL TRAINING TO HELP INDIVIDUALS ACQUIRE IN-DEMAND SKILLS. WE PROVIDE SUPPORT FOR ENROLLING IN VOCATIONAL COURSES SUCH AS CERTIFIED NURSING ASSISTANT (CNA), PHLEBOTOMY, AND SECURITY GUARD CERTIFICATION, EMPOWERING INDIVIDUALS TO ENTER THE WORKFORCE AND ACHIEVE FINANCIAL STABILITY.

EXPENSES \$ 1,686,623. INCLUDING GRANTS OF \$ 29,448. REVENUE \$ 12,592.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION HIRED MESSINA CONSULTING GROUP, LLC AS A MANAGEMENT COMPANY WHICH PERFORMS THE FOLLOWING SERVICES:

- SUPERVISING PERSONNEL,
- PLANNING OR EXECUTING BUDGETS OR FINANCIAL OPERATIONS,
- SUPERVISING EXEMPT OPERATIONS OF THE ORGANIZATION.

DURING FY2025, THE TOTAL MANAGEMENT FEE PAID TO MESSINA CONSULTING GROUP, LLC WAS \$36,000.

FORM 990, PART VI, SECTION B, LINE 11B:

INSPIRICA, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD FOR APPROVAL. ONCE THE BOARD HAS APPROVED THE RETURN IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL DIRECTORS AND KEY EMPLOYEES SIGN A CONFLICT OF INTEREST FORM ANNUALLY. IN EACH FISCAL YEAR AT LEAST ONE BOARD MEETING INCLUDES AN AGENDA ITEM ON

Name of the organization INSPIRICA, INC.	Employer identification number 06-1172535
---	--

CONFLICT OF INTEREST, REMINDING ALL BOARD MEMBERS OF THEIR COMMITMENT TO ADHERE TO THE POLICY AND ASKING IF THERE ARE ANY KNOWN OR POTENTIAL CONFLICTS OF INTEREST.

ANY REAL OR PERCEIVED CONFLICT OF INTEREST BETWEEN A BOARD MEMBER AND INSPIRICA MUST BE DISCLOSED IN WRITING (SEE CONFLICT OF INTEREST DISCLOSURE STATEMENT). MEMBERS OF THE BOARD OF DIRECTORS MUST DISCLOSE ANY PERSONAL, FAMILY, OR BUSINESS INTERESTS THAT MAY, IN THE EYES OF A REASONABLE PERSON, INFLUENCE THEIR JUDGMENT. THIS INCLUDES, BUT IS NOT LIMITED TO:

- A) A PERSONAL, PROFESSIONAL OR FINANCIAL RELATIONSHIP WITH INSPIRICA AS A SUPPLIER OF GOODS OR SERVICES (FOR WHICH HE OR SHE, A FAMILY MEMBER OR AN AFFILIATED BUSINESS RECEIVES FINANCIAL COMPENSATION);
- B) A PERSONAL, PROFESSIONAL OR FINANCIAL RELATIONSHIP WITH A CLIENT OF INSPIRICA;
- C) A FAMILY RELATIONSHIP WITH ANY INSPIRICA STAFF MEMBER, OR
- D) A BUSINESS RELATED GIFT OR PAYMENT THAT MIGHT INFLUENCE HIS OR HER DECISION-MAKING OR ACTIONS RELATING TO INSPIRICA.

CONFLICTS OF INTEREST (REAL AND PERCEIVED) SHOULD NOT PREVENT AN INDIVIDUAL FROM SERVING AS A DIRECTOR UNLESS, IN THE JUDGMENT OF THE BOARD OF DIRECTORS, THE EXTENT OF THE CONFLICT IS SO SIGNIFICANT THAT THE POTENTIAL FOR DIVIDED LOYALTY IS PRESENT. ONCE A POTENTIAL CONFLICT IS DISCLOSED, THE GOVERNANCE COMMITTEE WILL BE RESPONSIBLE FOR EVALUATING THE POTENTIAL CONFLICT OF INTEREST TO DETERMINE IF AN ACTUAL CONFLICT OR THE APPEARANCE OF A CONFLICT EXISTS. IN THE EVENT, THE GOVERNANCE COMMITTEE DETERMINES THAT AN ACTUAL CONFLICT OR THE APPEARANCE OF A CONFLICT EXISTS, IT SHALL PRESENT THE CONFLICT AND THE GOVERNANCE COMMITTEE'S RECOMMENDATION AS TO HOW TO MANAGE THE CONFLICT TO THE FULL BOARD.

BOARD MEMBERS MUST RECUSE THEMSELVES FROM ANY DISCUSSIONS OR VOTING ON ANY MATTERS WHERE THEY HAVE, OR MAY BE PERCEIVED AS HAVING, A CONFLICT OF INTEREST. SUCH RECUSAL AND DISCLOSURE OF THE CONFLICT OF INTEREST SHALL BE RECORDED IN THE MINUTES OF MEETINGS.

THE BOARD MUST ALSO BE ADVISED OF ANY POTENTIAL CONFLICT OF INTEREST.

THE CEO IS EXPECTED TO DISCLOSE CONFLICTS OF INTEREST TO THE BOARD CHAIR PURSUANT TO THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS REVIEWS THE JOB RESPONSIBILITIES OF THE CEO, OBTAINS COMPARABILITY DATA AND PERFORMS A MARKET ANALYSIS OF PERSONS HOLDING SIMILAR POSITIONS IN OTHER SIMILAR ORGANIZATIONS. THE DATA IS REVIEWED AND APPROVED BY THE BOARD. THE CEO COMPENSATION IS THEN CONVEYED IN WRITING TO THE FISCAL DEPARTMENT.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES ITS FORM 990 AND 1023 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON DISPOSAL OF ASSETS	-146,452.
CASUALTY LOSS	-62,331.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

OMB No. 1545-0047

**Open to Public
Inspection**

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **INSPIRICA, INC.** Employer identification number **06-1172535**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ATLANTIC PSH, LLC - 90-0802347 141 FRANKLIN STREET STAMFORD, CT 06901	RESIDENTIAL REAL ESTATE	CONNECTICUT	480,315.	3,353,072.	INSPIRICA, INC.
COLONY PSH, LLC - 80-0791503 141 FRANKLIN STREET STAMFORD, CT 06901	RESIDENTIAL REAL ESTATE	CONNECTICUT	513,465.	3,312,076.	INSPIRICA, INC.
992 SUMMER STREET, LLC - 38-3956514 141 FRANKLIN STREET STAMFORD, CT 06901	HOLDING COMPANY	CONNECTICUT		100.	INSPIRICA, INC.
72 FRANKLIN, LLC - 82-1496178 141 FRANKLIN STREET STAMFORD, CT 06901	RESIDENTIAL REAL ESTATE	CONNECTICUT	724,240.	9,777,683.	INSPIRICA, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) (Rev. 1-2025)

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

